

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/868554

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12	1					
13		1				
14		1				
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16	1					
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47						
48						
49						
50						
TOTAL IND.	9		↓			
TOTAL DEP.	1,2	↔		↔		↔
TOTAL CLAIMS	21	000	000	000	000	000

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		000	000	000	000	000

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS